


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008306

1. Entity Name
MCH PEDIATRIC CARDIOLOGY, LLC



Principal Place of Business 3100 SW 62ND AVENUE MIAMI, FL 33155	Mailing Address 3100 SW 62ND AVENUE MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



04182006 No Chg-LLC CR2E083 (1/05)

4. FEI Number 65-1023909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

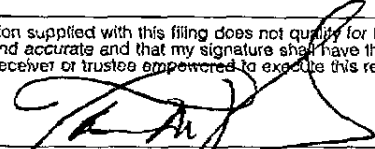
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMERAN, KEVIN 3100 SW 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROZEK, THOMAS 3100 SW 62ND AVNEUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAKHEIM, RICHARD MD 3100 SW 62ND AVNEUE MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/08/06 80018-021 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **THOMAS ROZEK** Ext 2556
 QED 4/20/06 (305) 666-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #